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SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2017 MAR 23 PM 2:53

S.D. OF N.Y.

APIPUKKUTTAN NARAYANAN

NARAYANAN APIPUKKUTTAN

Write the full name of each plaintiff.

17CV2117
(Include case number if one has been assigned)

-against-

SAUDI ARABIA

COMPLAINT

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☐ Federal Question

☒ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, NARAYANAN APPUKUTTAN, is a citizen of the State of
(Plaintiff's name)

NEW YORK

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

I am only

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, NARAYANAN APPUKUTTAN, is a citizen of the State of
(Defendant's name)

NEW YORK

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of

the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

APPUKUTTAN NARAYANAN

First Name

Middle Initial

Last Name

201 W 98 ST. APT. 4D, NEW YORK NY 10025

Street Address

MANHATTAN

NEW YORK

10025

County, City

State

Zip Code

646-691-7506

Telephone Number

Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: ~~S~~ SAUDI ARABIA
 First Name Last Name
 Current Job Title (or other identifying information)
 Current Work Address (or other address where defendant may be served)
 County, City State Zip Code

Defendant 2:
 First Name Last Name
 Current Job Title (or other identifying information)
 Current Work Address (or other address where defendant may be served)
 County, City State Zip Code

Defendant 3:
 First Name Last Name
 Current Job Title (or other identifying information)
 Current Work Address (or other address where defendant may be served)
 County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIMPlace(s) of occurrence: CANAL STREET BROAD wayDate(s) of occurrence: Severe Pain in my Left Rist**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

on September 11, 2001. nearly at 11AM I was in the Canal Street Broadway NEW YORK. I was running ~~toward~~ toward the world Trade Center area. In the rush one per hit me and I fall down in the Canal Street Broadway. I fall down touching my Left hand in the road. Then one person pulled my Right hand to stand up. I was feeling severe pain in my Left hand Rist. Then I went to Church Street slowly to my Room. one Private car helped me to take me near my house. From my house nearly one week I was taking pain killer medicine. It was no use. ~~Then~~ then I went to HARLEM HOSPITAL CENTER. They took XRAY

in my Left hand Rist and put a bandage
 in my left Rist Area. After one week the
 bandage was removed. then they took cast skin
 and medicine gave. I was not getting any
 relief. Then I went north General Hospital
 I ~~to~~ I ~~can~~ cannot get any relief. Then I
 went to ~~North General~~ ^{metropolitan} Hospital. I cannot get
 any relief. Then I went to Bellevue Hospital
 center. I cannot get any relief. Now I am
 feeling Severe Pain

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I had fall down on the Canal street
 Broad way of after that I was feeling
 Severe Pain in my left hand Rist. They
 gave me Acetaminophen Medicine. I was
 no use

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

any amount for my Pain and
 sufferings

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

March 23, 2017.
~~September 11, 2017~~
 Dated _____ Plaintiff's Signature _____

APPUKKUTAN NARAYANAN
 First Name Middle Initial Last Name

201 W 98th Street, APT. 4D. NEW YORK. NY. 10025
 Street Address

Manhattan NY 10025
 County, City State Zip Code

646. 691. 7506
 Telephone Number _____ Email Address (if available) _____

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.



AIDED REPORT WORKSHEET

PD 304-152b (Rev. 10-97)

Pct. 005 Aided # 1686

Jurisdiction	Code	Time of Occ.	Card No.	Sex	Race	Age	Date of Birth
<u>00</u>	<u>00</u>	<u>1100</u>	<u>1</u>	<u>M</u>	<u>Idian</u>	<u>59</u>	<u>6-15-42</u>

First Name M.I.

Address	City	State	ZIP
<u>145 St. 12A New York</u>	<u>NY</u>	<u>10039</u>	

Telephone: 646-1622 Work: 1

Place of Occ.	<input type="checkbox"/> In front of <input type="checkbox"/> opposite <input type="checkbox"/> inside of <input type="checkbox"/> subway at
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Canal + B-way SE c/s

Subway Line	Is Aided victim of a crime?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<input type="checkbox"/> Sick/Injured Person <input type="checkbox"/> Victim/Injured MOS on Duty <input type="checkbox"/> Abused/Abandoned <input type="checkbox"/> Neglected Child/etc.	<input type="checkbox"/> Emotionally Disturbed <input type="checkbox"/> Runaway Child <input type="checkbox"/> Bicycle Involved <input type="checkbox"/> Deceased <input type="checkbox"/> Other (Explain in Details)
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Medical Aid was refused	ACR/PCR #
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Removed to:	<input type="checkbox"/> Hospital <input type="checkbox"/> Morgue <input type="checkbox"/> N/A
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Admission #	if unidentified and hospitalized
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Notification: Required if Aided is admitted or dies

Name	Relationship
<u>Robert</u>	

Address	Phone
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Notifications: Time Date Made by (Name/Tax #) West/Make <u>1</u>

Notification for Dependent Adults Unreared for? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes: Indicate their disposition under Details on the reverse of this card.)

City Involved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Dept. or Agency Involved <u>FDNY</u>

NOTE: If City may be involved, enter in Details: If M.O.S. witnessed incident and M.O.S. who identified scene, roadway/sidewalk condition and any contributing factors.

Notifications to: ☐ Harbor Unit ☐ Missing Persons Squad ☐ Pct. Youth Officer ☐ Emergency Service Unit

Additional Reports prepared: (e.g., LOD, Domestic Incident Report, etc.)

Complaint No. 1 Pct. 005

If CPR administered (by MOS): Mouth to Mouth <input type="checkbox"/> Yes <input type="checkbox"/> No Aided resuscitated <input type="checkbox"/> Yes <input type="checkbox"/> No

If EDP: Prior History? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. Actions of EDP (Check all that apply): <input type="checkbox"/> Attempted physical harm to self <input type="checkbox"/> Physically threatened others <input type="checkbox"/> Unable to care for self <input type="checkbox"/> Attempted physical harm to others <input type="checkbox"/> Verbally threatened others <input type="checkbox"/> Other (specify) <input type="checkbox"/> Placed self in dangerous situation <input type="checkbox"/> Spoke of harming self or others
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O.C. Spray Used: ☐ Yes ☐ No If used, list in the Details section the rank, name, and tax registry number of each MOS who discharged spray.

Details (for all Aided Cases): Give nature of any injury or illness. When CPR is administered by non-ESU MOS, identify MOS administering and list protective equipment used (e.g. mask, gloves, etc.). AT T/P/O Aided states that he was knocked over by a Firefighter During the 9-11-01 ATTACK on the WTC. Aided stated that he went to Harlem Hosp to get checked out where they put his left hand in a cast due to a fracture he occurred when he fell down. Aided also stated He has Back pain, Breathing trouble, and Chest pain. Aided filed This Report on 10-6-01.

Reported By: <u>PO Robert</u>	Rank: <u>PO</u>	Name (Type or Print): <u>Robert</u>	Tax #: <u>921430</u>	Command: <u>005</u>	Signature: <u>Robert</u>
Reviewed By: <u>SGT. Wusani</u>	Rank: <u>SGT</u>	Signature: <u>Wusani</u>	Tax #: <u>916303</u>	Command: <u>05</u>	